



OPERATIONAL MEMO

TITLE:	ELECTRONIC VISIT VERIFICATION (EVV) TIMELINE UPDATE
SUPERSEDES NUMBER:	N/A
EFFECTIVE DATE:	JANUARY 12, 2021
DIVISION AND OFFICE:	BENEFITS & SERVICES MANAGEMENT DIVISION, OFFICE OF COMMUNITY LIVING; BENEFITS AND SERVICES DIVISION, HEALTH PROGRAMS OFFICE
PROGRAM AREA:	ELECTRONIC VISIT VERIFICATION
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Purpose and Audience:

This Operational Memo informs Electronic Visit Verification (EVV) Stakeholders about updates on the implementation timeline and how the Colorado Department of Health Care Policy & Financing (Department) will enforce implementation.

Information:

The Department has utilized a tiered implementation strategy to familiarize providers with the use of EVV before incorporating claims adjudication to minimize long-term administrative burden and reduce the financial impact when claims require EVV records. Information on the Department's implementation strategy and available supports are available in [HCPF OM 20-079](#) and [HCPF OM 20-106](#).

Utilizing Providers

For providers who are utilizing an EVV system and actively submitting EVV records, the pre-payment claim review has been delayed and will begin on March 1, 2021. Pre-payment claim review is the process wherein EVV-required claims submitted to the Department must match to valid EVV records to pay. Pre-payment claim review is the

mechanism used to enforce the use of EVV and was originally scheduled to begin January 1, 2021. The purpose of this additional time is to allow providers to address technical or operational obstacles they may be experiencing in their implementation of EVV.

The Department acknowledges that some provider agencies have made an earnest effort to implement EVV but are not yet fully operational due to technical difficulties. For the purpose of pre-payment claim review, the Department will categorize these providers as utilizers if they have communicated an implementation plan and/or reported substantive technical obstacles to the Department.

Non-Utilizing Providers

Providers who are not utilizing an EVV system, are not submitting EVV records before claim submission, and who have not outreached the Department with an implementation plan are considered non-utilizing providers. EVV-required claims submitted by non-utilizing providers will be suspended beginning on January 16, 2021. Suspended claims will show as "Billing provider under review - suspend all claims" in Remittance Advice. Non-utilizing providers must submit an implementation plan and make actionable steps towards implementing EVV for claims to pay. Additional information has been sent directly to non-utilizing providers. Providers may also outreach the Department for assistance.

Next Steps:

Providers are expected to utilize EVV for all EVV-required claims as soon as possible to minimize the proportion of claims that will deny once the pre-payment claim review is enabled on March 1, 2021. Claims that are expected to deny on this date are shown as EOB Code 3054 "EVV Record Required and Not Found" in the provider's Remittance Advice. The Department will continue to work closely with providers to ensure they are sufficiently submitting EVV records before the claim integration date of March 1, 2021. All providers are encouraged to remain in contact with established EVV support channels to ensure best practices and reduce financial impact when the pre-payment review is implemented.

More information will be made available before March 1, 2021. The Department strongly encourages all providers who have yet to alert the Department to their non-compliance to do so immediately.

Attachment(s):

None

Department Contact:

[EVV Support Channels](#)

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